

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4	1					
5	1					
6	10					
7	10					
8	10					
9	10					
10	10					
11		1		1		
12		1		1		
13		1		1		
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TOTAL IND.			2	2		
TOTAL DEP.			2	2		
TOTAL CLAIMS			4	4		

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				2		
TOTAL DEP.			2	2		
TOTAL CLAIMS			4	4		